EXHIBIT F

DIROS Trident RF Insulated Cannula (Model DTRH) in view of U.S. Patent No. 10,966,782

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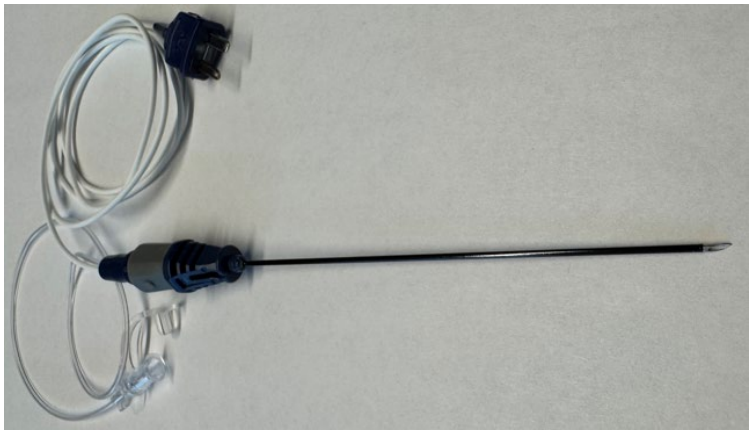
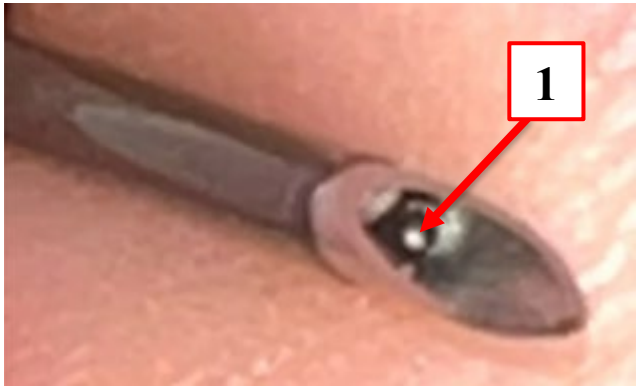
U.S. Patent No. 10,966,782	**Trident RF Insulated Cannula (Model DTRH)**	
1. A system comprising:	To the extent the preamble is limiting, the Trident Hybrid RF Insulated Cannula, Model DTRH ("DTRH") is pictured and is part of a system.	
a radiofrequency probe; and	As described in the Diros Instructions For Use ("IFU") of the DTRH, which users are expected to follow when using the DTRH, the DTRH "has an RF Probe/Temperature Sensor permanently installed inside it." (**Exhibit J** (*Instructions For Use OWL Sterile Single Use Trident™ Hybrid RF Insulated Cannula, Model DTRH*, Diros Document 175 at p. 4 (2023)). The radiofrequency "RF" probe [1] is shown inside the lumen.	

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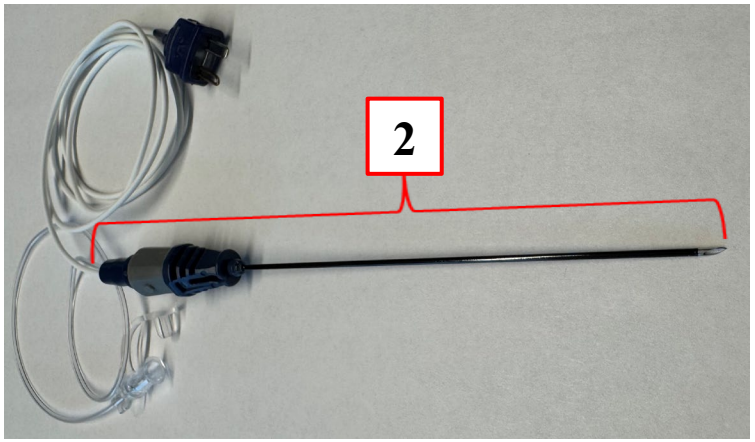
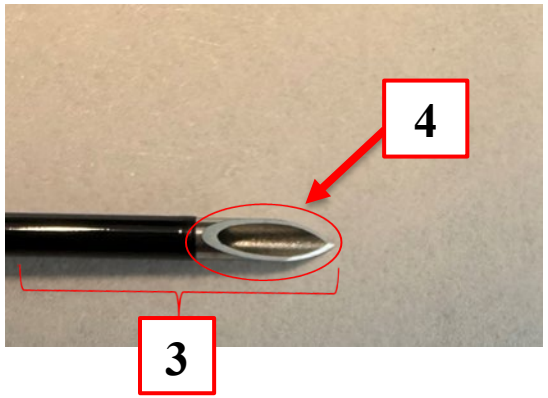
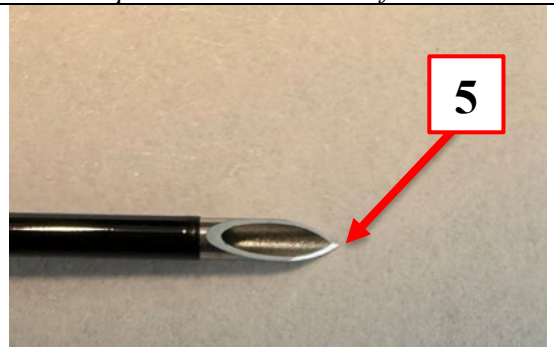
U.S. Patent No. 10,966,782	**Trident RF Insulated Cannula (Model DTRH)**	
a radiofrequency neurotomy needle operable with the radiofrequency probe, the radiofrequency neurotomy needle comprising:	The DTRH device has a needle [2] that is operable with the radiofrequency probe [1]. As described in the DTRH IFU, the DTRH "may be used . . . for radiofrequency lesioning," which is a radiofrequency neurotomy procedure, thus making the needle a radiofrequency neurotomy needle. (**Exhibit J** at p. 2).	
a conductive portion at a distal end of the radiofrequency neurotomy needle;	As shown, the distal end [3] of the needle of the DTRH device has an uninsulated portion [4]. The distal end [3] extends past the insulation to include internal elements. The conductive portion includes the uninsulated portion [4] of the DTRH device's needle as well as the internal elements at the distal end [3].	 ** The image above depicts the related DTR device. Upon information and belief, the needle of the DTR device is*

U.S. Patent No. 10,966,782	**Trident RF Insulated Cannula (Model DTRH)**	
		substantively the same as the needle of DTRH and thus the same features are present in the needle of the DTRH.
a tip configured to pierce tissue of a patient;	As shown, the DTRH device's needle has a tip [5]. The tip [5] is sharp and beveled and thus would be understood to be shaped for the purpose of piercing the tissue of a patient.	 ** The image above depicts the related DTR device. Upon information and belief, the needle of the DTR device is substantively the same as the needle of DTRH and thus the same features are present in the needle of the DTRH.*

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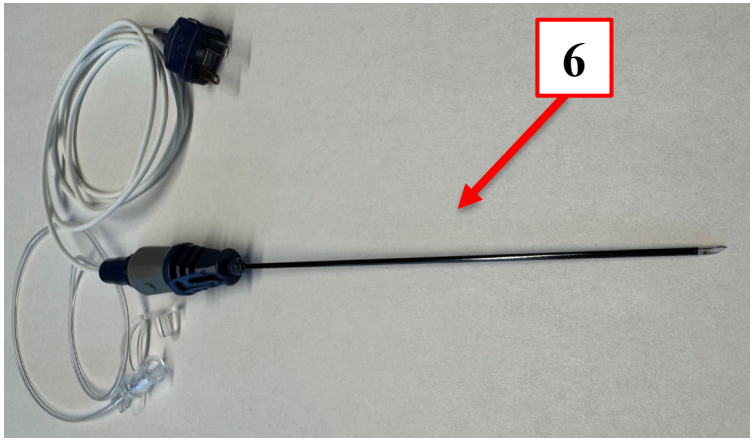
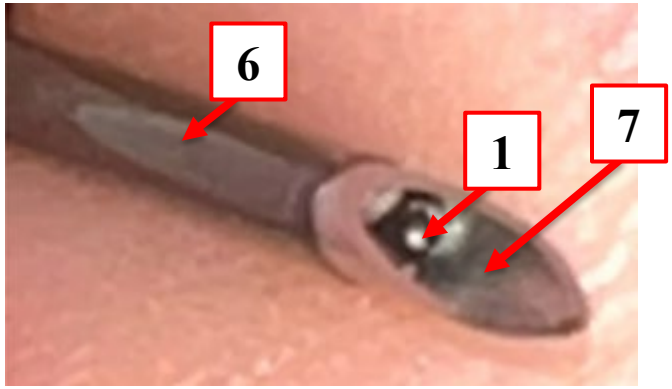
an elongate member comprising a lumen configured to accept the radiofrequency probe therein such that the radiofrequency probe physically contacts and is electrically connected to the conductive portion, the tip being at a distal end of the elongate member;	As shown, the DTRH device's needle has an elongate member [6], comprising an interior lumen [7]. As shown, the lumen [7] at the interior of the DTRH device's elongate member [6] is configured to and does accept the RF probe [1] therein. As described in the DTRH IFU, "Current from the RF generator is applied to the patient through the uninsulated portion of the lesion electrode." (**Exhibit J** at p. 3). Thus, it would be understood that physical contact occurs between the uninsulated exterior surface of the RF probe [1] and the uninsulated interior surface of the lumen [7] within the circle [8] of the third photo to the right, and that this physical contact thereby electrically connects the RF probe [1] to the conductive portion that includes the tip [5] at the distal end [3] of the elongate member [6].	 

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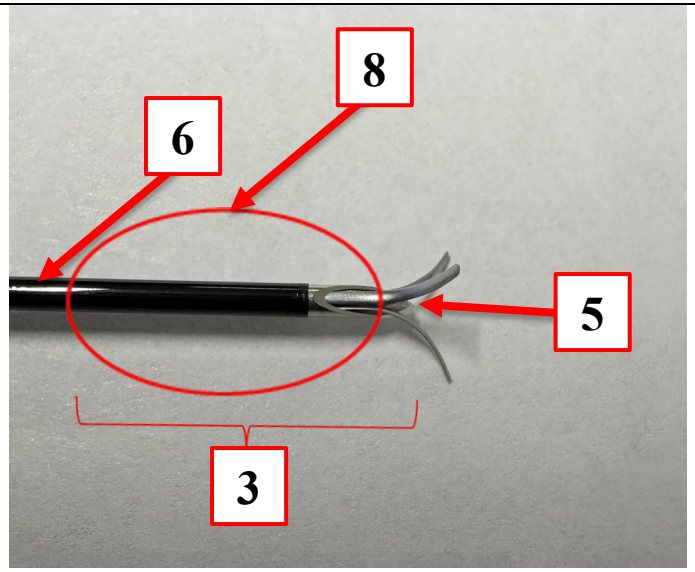
U.S. Patent No. 10,966,782	Trident RF Insulated Cannula (Model DTRH)	
		 ** The third image above showing the distal end [3], tip [5], and elongate member [6] of the needle depicts the related DTR device. Upon information and belief, the needle of the DTR device is substantively the same as the needle of DTRH and thus the same features are present in the needle of the DTRH.*

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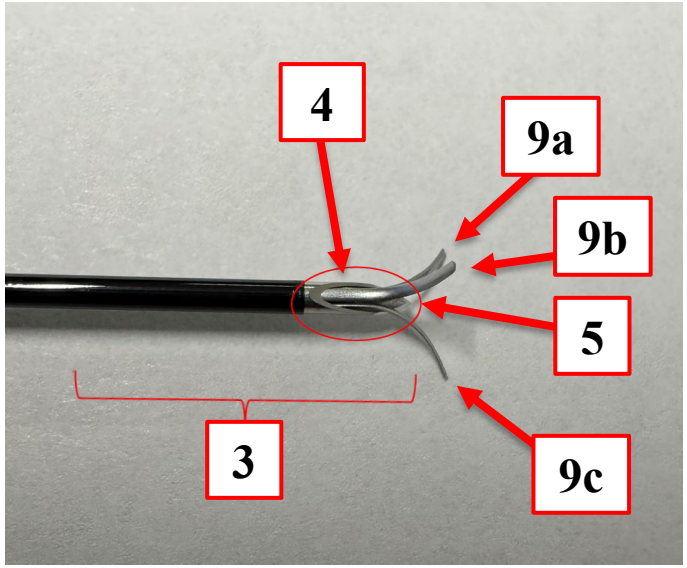
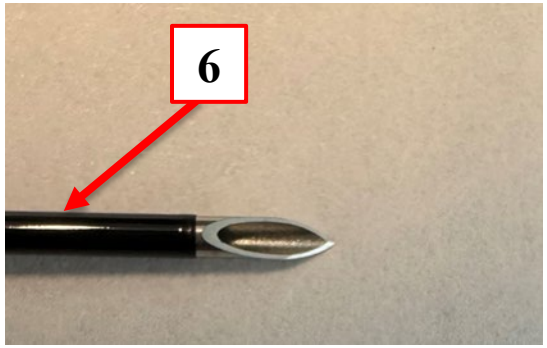
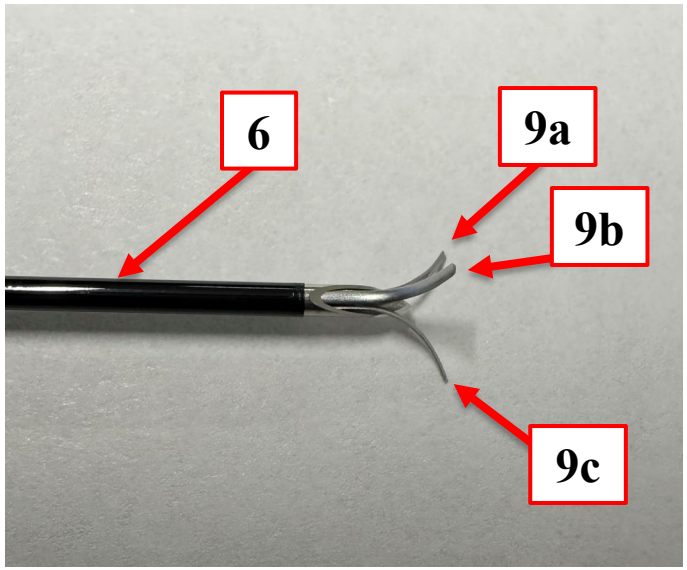
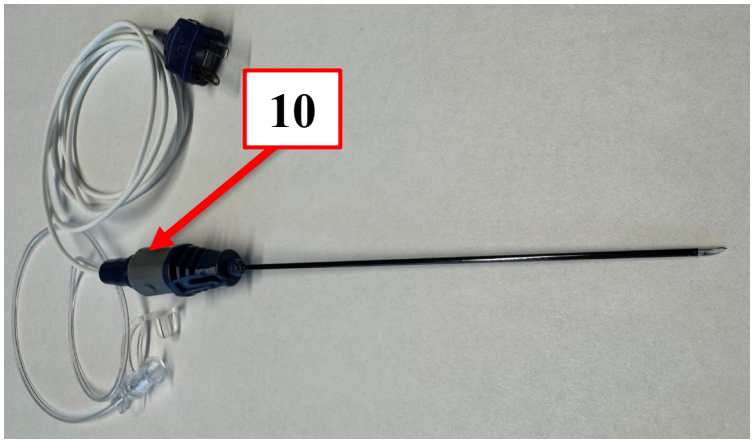
a filament electrically connected to the conductive portion and the tip due to physical contact of conductive materials at the distal end of the radiofrequency neurotomy needle such that the filament and the tip operate together as a single electrode,	As shown, the DTRH device's needle comprises a filament, in fact it comprises three filaments [9a-c]. As shown, physical contact is made between the uninsulated exterior surface of the filaments [9a-c] and the uninsulated portion of the DTRH device's needle within circle [4]. This physical contact thereby electrically connects the filaments [9a-c] to the conductive portion that includes the tip [5] at the distal end [3] of the DTRH device's needle. Further, given that the filaments [9a-c] and the tip [5] are electrically connected via physical contact, they must operate together as a single electrode in a circuit.	 ** The image above depicts the related DTR device. Upon information and belief, the needle of the DTR device is substantively the same as the needle of DTRH and thus the same features are present in the needle of the DTRH.*

U.S. Patent No. 10,966,782	**Trident RF Insulated Cannula (Model DTRH)**	
the filament being movable between a retracted position, in which the filament is at least partially in the elongate member, and a deployed position, in which at least a portion of the filament is out of the elongate member; and	As shown in the first image at right in which the DTRH device is in the retracted position, i.e., with the filaments disposed within at least a portion of the elongate member [6]. As shown in the second image at right in which the DTRH device is in the deployed position, i.e., with the filaments [9a-c] out of the elongate member [6]. As described in the DTRH IFU, the "[c]annula handle is equipped with a mechanism that allows deployment and retraction of 3 tines [i.e., filaments]." (**Exhibit J** at p. 1; see also *id.* at p. 5 (further describing deployment and retraction of filaments)).	 

U.S. Patent No. 10,966,782	**Trident RF Insulated Cannula (Model DTRH)**	
		** The images above depict the related DTR device. Upon information and belief, the needle of the DTR device is substantively the same as the needle of DTRH and thus the same features are present in the needle of the DTRH.*
an actuator interconnected to the filament to move the filament between the retracted position and the deployed position,	The DTRH device's needle has an actuator portion [10] as shown in the image at right in which the DTRH device is in the retracted position. The actuator portion [10] is interconnected to the filaments such that rotating the actuator portion [10] imparts movement of the filaments between the retracted position and the deployed position. As described in the DTRH IFU, the "[c]annula handle is equipped with a mechanism that allows deployment and retraction of 3 tines [i.e., filaments]." (**Exhibit J** at p. 1; see also *id.* at p. 5 (further describing deployment and retraction of filaments)).	

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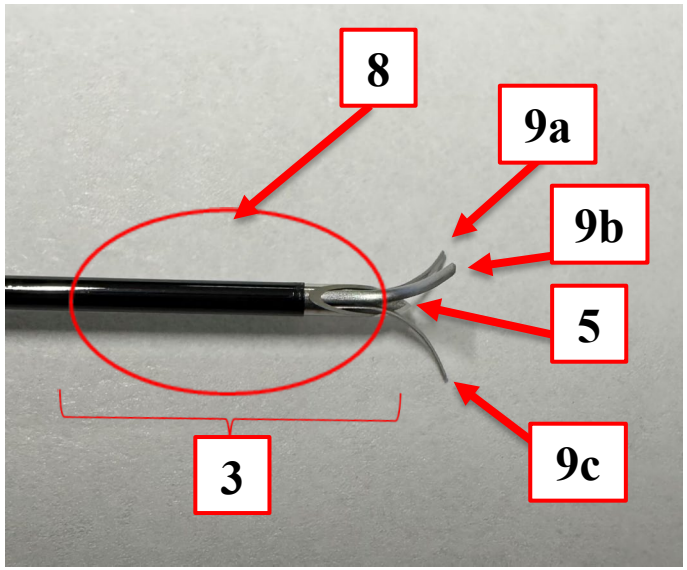
wherein the filament and the tip are configured to transmit radiofrequency energy from the radiofrequency probe and operate together as the single electrode in a monopolar mode when the filament is in the deployed position and the radiofrequency probe is accepted in the lumen and is in physical contact with the conductive portion at the distal end of the radiofrequency neurotomy needle.	As described in the DTRH IFU, "Current from the RF generator is applied to the patient through the uninsulated portion of the lesion electrode." (**Exhibit J** at p. 3). Thus, it would be understood that physical contact occurs between the uninsulated exterior surface of the RF probe [1] and the uninsulated interior surface of the lumen [7] within the circle [8] of the first photo to the right, and that this physical contact thereby electrically connects the RF probe [1] to the tip [5] and the filaments [9a-c]. The circle [8], representing the area where physical contact is made between the RF probe [1] and the conductive portion, is at the distal end [3]. Further, the RF probe, the tip, and the filaments are all electrically connected so they must operate together as a single electrode in a circuit. As described in the DTRH IFU, the RF generator must be set in the "monopolar mode of operation." (**Exhibit J** at p. 6).	 ⚠ **WARNINGS AND PRECAUTIONS** Inspect all components for damage prior to each use. If components are damaged in any manner they must not be used. Damaged components must be discarded or returned for evaluation/repair. Damaged components may result in patient or operator injury. • Check if device is reading room temperature before placing it into a patient • Do not start treatment without verification of correct placement • Do not start treatment if device doesn't read body temperature and impedance • Do not move device during treatment . . .

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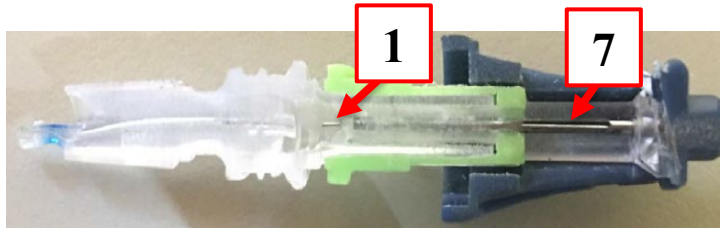
	As shown in the last image to the right, the RF probe [1] is accepted into the lumen [7].	• Application of RF energy may cause undesirable neuromuscular stimulation. • During power delivery, the patient should not be allowed to come in contact with ground metal surfaces. • Set RF generator in monopolar mode of operation. • Use the correct size return path electrodes to avoid burns at this site. (Refer to information in section Return Path Electrodes) • The interference produced by the operation of RF Generator may adversely influence the operation of other electronic  ** The first image above showing the tip [5] and filaments [9a-c] of the needle depicts the related DTR device. Upon information and belief, the needle of the DTR device is substantively the same as the needle of DTRH and thus the same features are present in the needle of the DTRH.*